

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V59378

Entity Name: THE TMJ AND FACIAL PAIN CENTER, P.A.

Current Principal Place of Business:

PO BOX 41350
ST. PETERSBURG, FL 33743-1350

Current Mailing Address:

PO BOX 41350
ST. PETERSBURG, FL 33743-1350 US

FEI Number: 59-3142751

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, MELVIN H
PO BOX 41350
ST. PETERSBURG, FL 33743-1350 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name FINOCCHI, RICHARD J. DDS
Address 8301 SIQUITA DRIVE NE
City-State-Zip: ST. PETERSBURG FL 33702

Title PRES
Name COHEN, MELVIN H. D.D.S.
Address 14217 CAROL MANOR DRIVE
City-State-Zip: LARGO FL 33774

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMY FINOCCHI

ADMINISTRATOR

03/29/2017

Electronic Signature of Signing Officer/Director Detail

Date